

Reg. Dist. No. 51

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH o. COUNTY <u>Calvert</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		c. LENGTH OF STAY IN 1b <u>16 hours</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Boy</u> Middle <u>Carroll</u> Last <u>Carroll</u>		4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/8/56</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) yrs. <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>John Smith, Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Sophie Carroll</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>mother</u>		Address <u>Chesapeake Beach, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>776X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Pneumonia (6th month)</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20b. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/>	
20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>9/8</u> , 19 <u>56</u> , to <u>9/9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/9</u> , 19 <u>56</u> , and that death occurred at <u>3 P.</u> M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED	
ACTUAL SIGNATURE <u>[Signature]</u>		M.D. <u>[Signature]</u>	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>9-10-56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Private</u>		22d. LOCATION (City, town, or county) (State) <u>Ches. Beach, Calvert, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Chase</u>		ADDRESS <u>Chesapeake Beach, Md.</u>	
24a. REC'D BY REGISTRAR DATE <u>9-10-56</u>		24b. REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	

HOSPITAL AND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be released by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
ISM 9/SS

2064171XVI

ARMY AND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

BUREAU V. S.

SEP 18 1956

RECEIVED

9178 CERTIFICATE OF DEATH

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>D.C.</u> b. COUNTY <u>Washington</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>				d. STREET ADDRESS <u>422 Butter Nut St.</u>			
3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>B.</u> Last <u>Dowling</u>				4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>November 9, 1884</u>	
9. AGE (In years last birthday) <u>72</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Washington D.C.</u>			
11. BIRTHPLACE (State or foreign country) <u>Washington D.C.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Perry Brown</u>				14. MOTHER'S MAIDEN NAME <u>Virginia Grantville</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u> </u> (If yes, give war or dates of service) <u> </u>				16. SOCIAL SECURITY NO. <u> </u>			
17. INFORMANT <u> </u> Address <u> </u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> DUE TO <u>151X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Thrombophlebitis of Rt. leg</u> DUE TO <u>Carcinoma of Stomach</u> (c) <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>2 weeks</u> <u>3 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u> </u> p. m. <u> </u> 19 <u> </u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u>	
20f. (City or town) <u> </u> (County) <u> </u> (State) <u> </u>							
21. I certify that I attended the deceased from <u>9/27</u> , 19 <u>56</u> , to <u>9/20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/20</u> , 19 <u>56</u> , and that death occurred at <u>9:20 A.M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Page C. Jett</u> M.D. <u>Prince Frederick, Md.</u>				DATE SIGNED <u> </u>			
PHYSICIAN'S NAME (Type) <u>Page C. Jett, M.D.</u>				<u>Prince Frederick, Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>9-22-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON NAT.</u>		22d. LOCATION (City, town, or county) (State) <u>SCITLAND Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Neal Funeral Home</u> ADDRESS <u>4812 1st Ave</u>				24a. REC'D BY REGISTRAR <u> </u> DATE <u>SEP 24 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Dr. Hugh Hardy</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in, the funeral director, or to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

SEP 24 1956

BUREAU V. S.

MAYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18	
CERTIFICATE OF DEATH	
1. NAME OF DECEASED	
2. SEX	
3. AGE	
4. DATE OF BIRTH	
5. PLACE OF BIRTH	
6. OCCUPATION	
7. CAUSE OF DEATH	
8. PLACE OF DEATH	
9. TIME OF DEATH	
10. SIGNATURE OF PHYSICIAN	
11. SIGNATURE OF REGISTRAR	
12. DATE OF DEATH	
13. TIME OF DEATH	
14. PLACE OF DEATH	
15. CAUSE OF DEATH	
16. SIGNATURE OF PHYSICIAN	
17. SIGNATURE OF REGISTRAR	
18. DATE OF DEATH	
19. TIME OF DEATH	
20. PLACE OF DEATH	
21. CAUSE OF DEATH	
22. SIGNATURE OF PHYSICIAN	
23. SIGNATURE OF REGISTRAR	
24. DATE OF DEATH	
25. TIME OF DEATH	
26. PLACE OF DEATH	
27. CAUSE OF DEATH	
28. SIGNATURE OF PHYSICIAN	
29. SIGNATURE OF REGISTRAR	
30. DATE OF DEATH	
31. TIME OF DEATH	
32. PLACE OF DEATH	
33. CAUSE OF DEATH	
34. SIGNATURE OF PHYSICIAN	
35. SIGNATURE OF REGISTRAR	
36. DATE OF DEATH	
37. TIME OF DEATH	
38. PLACE OF DEATH	
39. CAUSE OF DEATH	
40. SIGNATURE OF PHYSICIAN	
41. SIGNATURE OF REGISTRAR	
42. DATE OF DEATH	
43. TIME OF DEATH	
44. PLACE OF DEATH	
45. CAUSE OF DEATH	
46. SIGNATURE OF PHYSICIAN	
47. SIGNATURE OF REGISTRAR	
48. DATE OF DEATH	
49. TIME OF DEATH	
50. PLACE OF DEATH	
51. CAUSE OF DEATH	
52. SIGNATURE OF PHYSICIAN	
53. SIGNATURE OF REGISTRAR	
54. DATE OF DEATH	
55. TIME OF DEATH	
56. PLACE OF DEATH	
57. CAUSE OF DEATH	
58. SIGNATURE OF PHYSICIAN	
59. SIGNATURE OF REGISTRAR	
60. DATE OF DEATH	
61. TIME OF DEATH	
62. PLACE OF DEATH	
63. CAUSE OF DEATH	
64. SIGNATURE OF PHYSICIAN	
65. SIGNATURE OF REGISTRAR	
66. DATE OF DEATH	
67. TIME OF DEATH	
68. PLACE OF DEATH	
69. CAUSE OF DEATH	
70. SIGNATURE OF PHYSICIAN	
71. SIGNATURE OF REGISTRAR	
72. DATE OF DEATH	
73. TIME OF DEATH	
74. PLACE OF DEATH	
75. CAUSE OF DEATH	
76. SIGNATURE OF PHYSICIAN	
77. SIGNATURE OF REGISTRAR	
78. DATE OF DEATH	
79. TIME OF DEATH	
80. PLACE OF DEATH	
81. CAUSE OF DEATH	
82. SIGNATURE OF PHYSICIAN	
83. SIGNATURE OF REGISTRAR	
84. DATE OF DEATH	
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86. PLACE OF DEATH	
87. CAUSE OF DEATH	
88. SIGNATURE OF PHYSICIAN	
89. SIGNATURE OF REGISTRAR	
90. DATE OF DEATH	
91. TIME OF DEATH	
92. PLACE OF DEATH	
93. CAUSE OF DEATH	
94. SIGNATURE OF PHYSICIAN	
95. SIGNATURE OF REGISTRAR	
96. DATE OF DEATH	
97. TIME OF DEATH	
98. PLACE OF DEATH	
99. CAUSE OF DEATH	
100. SIGNATURE OF PHYSICIAN	
101. SIGNATURE OF REGISTRAR	
102. DATE OF DEATH	
103. TIME OF DEATH	
104. PLACE OF DEATH	
105. CAUSE OF DEATH	
106. SIGNATURE OF PHYSICIAN	
107. SIGNATURE OF REGISTRAR	
108. DATE OF DEATH	
109. TIME OF DEATH	
110. PLACE OF DEATH	
111. CAUSE OF DEATH	
112. SIGNATURE OF PHYSICIAN	
113. SIGNATURE OF REGISTRAR	
114. DATE OF DEATH	
115. TIME OF DEATH	
116. PLACE OF DEATH	
117. CAUSE OF DEATH	
118. SIGNATURE OF PHYSICIAN	
119. SIGNATURE OF REGISTRAR	
120. DATE OF DEATH	
121. TIME OF DEATH	
122. PLACE OF DEATH	
123. CAUSE OF DEATH	
124. SIGNATURE OF PHYSICIAN	
125. SIGNATURE OF REGISTRAR	
126. DATE OF DEATH	
127. TIME OF DEATH	
128. PLACE OF DEATH	
129. CAUSE OF DEATH	
130. SIGNATURE OF PHYSICIAN	
131. SIGNATURE OF REGISTRAR	
132. DATE OF DEATH	
133. TIME OF DEATH	
134. PLACE OF DEATH	
135. CAUSE OF DEATH	
136. SIGNATURE OF PHYSICIAN	
137. SIGNATURE OF REGISTRAR	
138. DATE OF DEATH	
139. TIME OF DEATH	
140. PLACE OF DEATH	
141. CAUSE OF DEATH	
142. SIGNATURE OF PHYSICIAN	
143. SIGNATURE OF REGISTRAR	
144. DATE OF DEATH	
145. TIME OF DEATH	
146. PLACE OF DEATH	
147. CAUSE OF DEATH	
148. SIGNATURE OF PHYSICIAN	
149. SIGNATURE OF REGISTRAR	
150. DATE OF DEATH	
151. TIME OF DEATH	
152. PLACE OF DEATH	
153. CAUSE OF DEATH	
154. SIGNATURE OF PHYSICIAN	
155. SIGNATURE OF REGISTRAR	
156. DATE OF DEATH	
157. TIME OF DEATH	
158. PLACE OF DEATH	
159. CAUSE OF DEATH	
160. SIGNATURE OF PHYSICIAN	
161. SIGNATURE OF REGISTRAR	
162. DATE OF DEATH	
163. TIME OF DEATH	
164. PLACE OF DEATH	
165. CAUSE OF DEATH	
166. SIGNATURE OF PHYSICIAN	
167. SIGNATURE OF REGISTRAR	
168. DATE OF DEATH	
169. TIME OF DEATH	
170. PLACE OF DEATH	
171. CAUSE OF DEATH	
172. SIGNATURE OF PHYSICIAN	
173. SIGNATURE OF REGISTRAR	
174. DATE OF DEATH	
175. TIME OF DEATH	
176. PLACE OF DEATH	
177. CAUSE OF DEATH	
178. SIGNATURE OF PHYSICIAN	
179. SIGNATURE OF REGISTRAR	
180. DATE OF DEATH	
181. TIME OF DEATH	
182. PLACE OF DEATH	
183. CAUSE OF DEATH	
184. SIGNATURE OF PHYSICIAN	
185. SIGNATURE OF REGISTRAR	
186. DATE OF DEATH	
187. TIME OF DEATH	
188. PLACE OF DEATH	
189. CAUSE OF DEATH	
190. SIGNATURE OF PHYSICIAN	
191. SIGNATURE OF REGISTRAR	
192. DATE OF DEATH	
193. TIME OF DEATH	
194. PLACE OF DEATH	
195. CAUSE OF DEATH	
196. SIGNATURE OF PHYSICIAN	
197. SIGNATURE OF REGISTRAR	
198. DATE OF DEATH	
199. TIME OF DEATH	
200. PLACE OF DEATH	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09171

9179

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Calvert</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>				c. LENGTH OF STAY IN 1b <i>6 days</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>				d. STREET ADDRESS <i>Lusby</i>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <i>David</i> Middle <i>Lee</i> Last <i>Harrell</i>				4. DATE OF DEATH Month <i>September</i> Day <i>29</i> Year <i>1956</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 15, 1956</i>	
9. AGE (In years last birthday) <i>—</i> yrs.		IF UNDER 1 YEAR Months <i>—</i> Days <i>14</i>		IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>—</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Eura Harrell</i>				14. MOTHER'S MAIDEN NAME <i>Aileen Davis Lusby, md.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>—</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mother</i>		Address <i>—</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral accident</i> DUE TO (b) <i>Cerebral palsy (congenital)</i> DUE TO (c) <i>—</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>—</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>—</i>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m. <i>—</i>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>—</i>	
20f. (City or town) <i>—</i> (County) <i>—</i> (State) <i>—</i>							
21. I certify that I attended the deceased from <i>9/23</i> , 19 <i>56</i> , to <i>9/29</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>9/29</i> , 19 <i>56</i> , and that death occurred at <i>5:40</i> A. M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>R. de Villanueva</i> M.D. <i>S. H. Leonard</i>				DATE SIGNED <i>Sept 27/56</i>			
PHYSICIAN'S NAME (Type) <i>R. de VILLANUEVA</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Sept. 29, 1956</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Communitary Church</i>		22d. LOCATION (City, town, or county) (State) <i>Lusby - Calvert Co - Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. B. Tankersley & Son</i> ADDRESS <i>Mt. Airy, Md.</i>				24a. REC'D BY REGISTRAR <i>—</i> DATE <i>9-29-56</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

MEDICAL CERTIFICATION

1000315XV3

BUREAU V. S.

OCT 3 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9180

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Huntingtown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sherman</u>	(Middle)	(Last) <u>Hiegh</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>4-26-35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>17</u> yrs. <u>17</u> months <u>17</u> days
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Murial Hiegh Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Radie Mackall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Murial Hiegh Jr. Huntingtown md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
493x Immediate cause (a) <u>Pneumonia</u>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/1</u> , 19 <u>56</u> , to <u>9/4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/3</u> , 19 <u>56</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Shewen</u>		DATE SIGNED <u>9/4/56</u>	
23. BURIAL CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY <u>Huntingtown MD</u>	
DATE REC'D BY LOCAL REG. <u>9-5-56</u>		24. FUNERAL DIRECTOR <u>P.E. Sewell, Pr. Fred md.</u>	

MARGIN RESERVED FOR BINDING

BUREAU V. A.

SEP 7 1956

RECEIVED

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

1 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09173

9181

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Fred</u>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Fred Md</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Rosie</u> (Middle) <u>Parman</u> (Last)				Month <u>9</u> - Day <u>13</u> , 19 <u>56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 21</u>	9. AGE last birthday <u>78</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Perry Simms</u>				14. MOTHER'S MARDEN NAME <u>Un Known.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Addie Brooks, Prince Fred, Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-12</u> , 19 <u>56</u> , to <u>9/12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/12</u> , 19 <u>56</u> , and that death occurred at <u>1 p.</u> M, from the causes and on the date stated above. SIGNATURE <u>H. W. Ward</u> ADDRESS (Street, city, town, state) <u>Huntingtown Md</u> DATE SIGNED <u>9/14/56</u> M.D. <u>Huntingtown Md</u> (State) <u>Md</u>							
23. (BURIAL) CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>9-16-56</u>		NAME OF CEMETERY OR CREMATORY <u>Green Point</u>		LOCATION (City, town, or county) <u>Calvert Md</u>	
24. REC'D BY REGISTRAR DATE <u>9-14-56</u>		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.E. Sewell, Pr. Fred, Md</u>			

CERTIFICATE OF DEATH

1956

1. NAME OF DECEASED

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9182 CERTIFICATE OF DEATH

09174

Reg. Dist. No. 52

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND CITY OR TOWN <u>Seabrook</u> (If outside corporate limits, write RURAL and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Calvert</u> CITY OR TOWN <u>Seabrook</u> <u>MD</u> (If outside corporate limits, write RURAL and give nearest town) STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Ginnie Rebecca Ramsey</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>9 12 1956</u> (Month) (Day) (Year)	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Sept 20, 1883</u>
9. AGE last birthday <u>72</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H W</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Walter H. Six</u>		14. MOTHER'S MAIDEN NAME <u>Agnie Bown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS <u>Eric Robinson</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434.3 IMMEDIATE CAUSE (A) <u>Acute dilatation of heart</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>found unconscious - hd</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		<u>Home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/12</u> , 19 <u>56</u> , to <u>9/12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/12</u> , 19 <u>56</u> , and that death occurred at <u>12 PM</u> , from the causes and on the date stated above. SIGNATURE <u>H W Ward</u> M.D. ADDRESS (Street, city, town, state) <u>Dwight Rd</u> DATE SIGNED <u>9/12/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>9/15/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Holiness Church Cem</u>		LOCATION (City, town, or county) <u>Carleton, MD</u>	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>Grace E. Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H Hutchins</u> ADDRESS <u>Dwight Rd</u>	
DATE <u>9/14/56</u>			

CERTIFICATE OF DEATH

MD. HEALTH 12

1. DECEASED'S NAME (Last, first, middle initial)

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF CORONER

14. SIGNATURE OF JURY

15. SIGNATURE OF JUDGE

16. SIGNATURE OF CLERK

17. SIGNATURE OF SHERIFF

18. SIGNATURE OF DEPUTY SHERIFF

19. SIGNATURE OF CONSTABLE

20. SIGNATURE OF JAILER

21. SIGNATURE OF PRISONER

22. SIGNATURE OF GUARD

23. SIGNATURE OF WARDEN

24. SIGNATURE OF CHIEF OF POLICE

25. SIGNATURE OF DETECTIVE

26. SIGNATURE OF INSPECTOR

27. SIGNATURE OF SUPERVISOR

28. SIGNATURE OF AGENT

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